

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>RR</i>	70029	
<b>FORMALITY REVIEW</b>			8/6/02
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
51	2/11
52	2/12
53	2/13
54	2/14
55	2/15
56	2/16
57	2/17
58	2/18
59	2/19
60	2/20
61	2/21
62	2/22
63	2/23
64	2/24
65	2/25
66	2/26
67	2/27
68	2/28
69	2/29
70	2/20
71	2/21
72	2/22
73	2/23
74	2/24
75	2/25
76	2/26
77	2/27
78	2/28
79	2/29
80	3/1
81	3/2
82	3/3
83	3/4
84	3/5
85	3/6
86	3/7
87	3/8
88	3/9
89	3/10
90	3/11
91	3/12
92	3/13
93	3/14
94	3/15
95	3/16
96	3/17
97	3/18
98	3/19
99	3/20
100	3/21

Claim	Date
101	3/22
102	3/23
103	3/24
104	3/25
105	3/26
106	3/27
107	3/28
108	3/29
109	3/30
110	3/31
111	4/1
112	4/2
113	4/3
114	4/4
115	4/5
116	4/6
117	4/7
118	4/8
119	4/9
120	4/10
121	4/11
122	4/12
123	4/13
124	4/14
125	4/15
126	4/16
127	4/17
128	4/18
129	4/19
130	4/20
131	4/21
132	4/22
133	4/23
134	4/24
135	4/25
136	4/26
137	4/27
138	4/28
139	4/29
140	4/30
141	5/1
142	5/2
143	5/3
144	5/4
145	5/5
146	5/6
147	5/7
148	5/8
149	5/9
150	5/10

If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy